



## CHILD PROTECTIVE SERVICES (CA)

### BACKGROUND AUTHORIZATION

Per RCW 26.44

Instructions for completing this form on reverse side.

**Please print clearly and use BLACK INK.**

☐ DLR CPS ☐ DCFS CPS

DSHS Background Check  
Central Unit  
PO Box 45025  
Olympia, WA 98504-5025  
(360) 902-0299  
FAX (360) 902-0292

#### SECTION 1. AGENCY INFORMATION (COMPLETED BY AGENCY STAFF ONLY)

1. FIELD OFFICE NAME AND ADDRESS	2. NAME AND ADDRESS OF FACILITY OR HOME WHERE CARE IS PROVIDED
3. TELEPHONE NUMBER (INCLUDE AREA CODE) ( )	4. FAX NUMBER (INCLUDE AREA CODE) ( )

#### SECTION 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY AUTHORIZED REQUESTOR.

5. SOCIAL SECURITY NUMBER (OPTIONAL)	6. DATE OF BIRTH	7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	8. RACE (OPTIONAL)
<b>CURRENT NAME</b>		<b>OTHER NAMES YOU HAVE BEEN KNOWN BY</b>	
9. LAST NAME	12. BIRTH NAME LAST FIRST MIDDLE		
10. FIRST NAME	13. OTHER MARRIED NAME(S) (WRITE NONE IF NONE)		
11. MIDDLE NAME (WRITE NONE IF NONE)	14. NICKNAME(S)/OTHER NAME(S) (WRITE NONE IF NONE)		

15. Have you been convicted of, or do you have charges pending for any crime? ..... If yes, give the crime, the conviction date or charge status and the state where it occurred.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? ..... If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended? ..... If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.	<input type="checkbox"/>	<input type="checkbox"/>
18. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, domestic violence, or abandonment? If yes, give date, court, and the state where it occurred. ....	<input type="checkbox"/>	<input type="checkbox"/>

19. DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER	20. PRESENT NUMBER OF CONSECUTIVE YEARS LIVED IN WASHINGTON STATE YEARS: MONTHS:
21. By my signature below, I hereby certify that I am an authorized requestor per RCW 26.44, 74.13, and/or 74.15; and that I am a Social Worker or higher classification.	
22. AUTHORIZED REQUESTOR SIGNATURE	23. DATE SIGNED (DATE SIGNED MUST NOT BE OLDER THAN THREE MONTHS)

CAMIS files checked by \_\_\_\_\_ on date \_\_\_\_\_ with the following results:

## INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM

This form will be returned if any portion of the required information necessary to conduct a background check is not entered or is not legible.

**SECTION 1:** To be completed by DSHS.

1. Required. An address label is preferred.
2. Required. An address label is preferred.
3. Required.
4. Required.

**SECTION 2:** To be completed by the authorized requestor. **Please complete this section to the best of your ability.**

5. Optional.
6. Required.
7. Required.
8. Optional.
9. Required. Must write NONE if none.
10. Required. Must write NONE if none.
11. Optional. Must write NONE if none.
12. Optional. Must include complete name at birth. If same as #9 through #11, must write SAME.
13. Optional. Must list all married names used (male or female); must write NONE if none.
14. Optional. Must list all nicknames used (male or female); must write NONE if none.
15. Optional.
16. Optional.
17. Optional.
18. Optional.
19. Optional. Must list drivers license number or state identification number; must write NONE if none.
20. Optional. Indicate number of consecutive years and/or months lived in Washington State.
21. Read prior to moving to block 22.
22. Required signature of authorized requestor.
23. Required. Date signed must not be older than three months.

For complete information on DSHS Background Check Policy, please see Title 388 at:

<http://slc.leg.wa.gov/wacbytitle.htm>

Upon completion, please submit form via mail or fax as soon as possible to:

DSHS Background Check Central Unit  
PO Box 45025  
Olympia, WA 98504-5025  
Phone 360-902-0299  
Fax 360-902-0292